FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287							
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Check this box in Section 16. Forr obligations may Instruction 1(b).	STATI

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

							()				прапу Асс									
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol <u>Sharecare, Inc.</u> [SHCR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Ratliff Carrie													1-		Directo	r		10% O	wner	
																(give title		Other (below)		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/07/2022									Chief Legal Officer					
C/O SHARECARE, INC.					10	04/07/2022											gui Oi	neer		
255 E PACES FERRY RD NE SUITE 700																				
255 E FACES FERRI RD NE SUITE /00					A If Amondment Date of Original Filed (Manth (Dev()(con)								C In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Line)						
ATLAN		A	30305												X Form filed by One Reporting Person					
			50505		-										Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																	
		Та	ble I - Nor	n-Deriv	vati	ve Se	ecurities	s Ac	quired,	Dis	posed o	of, or	Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) Date (Month/L					action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.						y Form: (D) or		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
				Dorive	ative	- Sec	urition	Acc	uirod D	lien	osod of		Ronc	ficially	Ownod		•			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of 2. 3. Transaction 3A. Deemed 4.							E Number of			· · ·			Amount	8. Price of	9. Numbe	or of	10.	11. Nature		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, T ecurity or Exercise (Month/Day/Year) if any			ransa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported	e s ally g	y Direct (D) or Indirect (I) (Instr. 4	p of Indirect Beneficial Ownership tt (Instr. 4)			
														Amount	1	Transact	ion(s)			

Units

(1)

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of common stock, par value \$0.0001 per share ("Common Stock"), of Sharecare, Inc. (the "Company"), or as determined by the administrator, cash equal to the fair market value of one share of Common Stock on the settlement date.

(D)

2. Twenty-five percent (25%) of the restricted stock units will vest on each of the first four anniversaries of 4/1/22, provided that reporting person is still employed by the Company or an affiliate thereof through the applicable vesting dates

Date Exercisable

(2)

Expiration Date

(2)

Title

Commor

Stock

Remarks:

Restricted

Stock

/s/ Christie J. Miller, Attorneyin-Fact for Reporting Person 04/11/2022

or Number of Shares

254,237

\$<mark>0</mark>

** Signature of Reporting Person Date

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254,237

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

v

Code

Α

(A)

254,237

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

04/07/2022

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.